

ELKHORN ATHLETIC ASSOCIATION ATHLETE EMERGENCY MEDICAL FORM

The head coach and team manager should have this information on hand (digital or hard copy) at every practice and game and provide it to emergency medical personnel immediately upon request.

Athlete Name _____

Athlete Address _____

Parent/Legal Guardian Name _____

Home Address
(if different from above) _____

Cell Number _____ Work Phone Number _____

Email Address _____

Primary Emergency Contact _____

Emergency Contact Phone _____ Relationship to Athlete _____

Secondary Emergency Contact _____

Emergency Contact Phone _____ Relationship to Athlete _____

Family Doctor Name _____ Phone _____

Hospital Preference _____

Insurance Company Name _____

Policy Number _____

List allergies and/or health concerns you feel your coach/medical personnel should be aware of: